

**PPR and PPC Education Webinar #2 Question and Answer**  
**August 20, 2014**

#	Question	Answer
1	What is the statewide total \$ penalty for POA, PPR, PPC?	We would have to find out what the amount of the PPR and PPC reductions are for the latest complete period. There has not yet been a POA reduction, but FY15 data will be assessed for potential POA penalty.
2	Once I have the detailed data is my hospital able to determine exactly which admissions are causing my hospital to exceed POA, PPC and PPR thresholds?	These reports should assist you with this.
3	We need to have that claim specific information so that we can improve our quality process.	Please send a request for detailed data to <a href="mailto:MCD_PPR_PPC@hhsc.state.tx.us">MCD_PPR_PPC@hhsc.state.tx.us</a> with contact information, hospital name, NPI and TPI numbers.
4	When I review my hospital specific detailed data and I find an error, how do I correct that error? Will you adjust my error rate? Will you stop reducing my payment?	Please send questions to <a href="mailto:MCD_PPR_PPC@hhsc.state.tx.us">MCD_PPR_PPC@hhsc.state.tx.us</a> with contact information, hospital name, NPI and TPI numbers.
5	<ul style="list-style-type: none"> <li>• The screen is not changing. Still on page 11</li> <li>• The slides are not advancing</li> <li>• The webinar is still on page 11</li> </ul>	We apologize that the slides were advancing at a very slow rate. We will have the audio recording on the HHSC PPE webpage ASAP.
6	Are the Managed Care Payors allowed to take the PPR and/or PPC reductions?	Managed Care Organizations are assessed and penalized for network hospital performance on PPRs and PPCs. There is significant autonomy for MCOs during their contracting process, and some are reducing hospital reimbursement rates. Although there is no specific direction from HHSC that mandates MCOs to do this, it is within their purview to negotiate rates based on PPR and PPC performance.
7	The reductions apply to both Inpatient and outpatient claims paid by Fee for Service?	The fee-for-service reductions apply to all inpatient claims submitted to HHSC. Since Managed Care is also within the analytical data set,

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		MCOs may also apply reductions.
8	From a reimbursement perspective, PPR and PPC reductions are added together?	Correct
9	It was mentioned that there are global exclusions and there is a list of exclusions in the manual, can you speak to this piece again related to PPR? The exclusions relate more to the reduction calculation and not reimbursement to the facility	Please see the information from the technical notes and methodology overview documents on the HHSC webpage for potentially preventable events <a href="http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml">http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml</a>
10	According to an email I just received from THA, the POA adjustment is delayed (see below). Is this correct?	HHSC will be assessing reductions based on performance on POA quality screens beginning with fiscal year 2015 (9/1/14-8/31/15) data, however, the adjustment will take place in fiscal year 2017 (9/1/16-8/31/17), consistent with the timeline displayed during the web-meeting.
11	THHSC Delays Reduction to Medicaid Payments for POA Screening – The Texas Health and Human Services Commission announced that the agency will begin assessing hospital Present on Admission criteria screening for Medicaid clients effective Sep. 1 2014, but will not reduce Medicaid hospital payments for failure to meet the appropriate measures until Sep. 1, 2016.	As it relates to the PPC initiative, this is correct
12	<ul style="list-style-type: none"> <li>How can I get a copy of the presentation.</li> <li>Can you send an e-mail with the links in the presentation in it?</li> <li>Are the recorded webinars available online future reference?</li> </ul>	<p>The presentation slides (including links) are posted on the HHSC PPE webpage. <a href="http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml">http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml</a></p> <p>The audio recording will be posted ASAP.</p>
13	Are MCO patients, where the MCO will not approve sub acute care services post discharge and resulting in a readmission being counted against the hospital?	We would have to review specific details, but in general all inpatient claims are included in the analytical dataset.
14	The username and pass for aprdrgassign.com doesn't work...	We have experienced this same issue . Please try the following work-around to log in. Use internet explorer and enter in the username

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		and password provided (Username – TXHosp; Password – aprdrg004). After you log-in, you likely will view an icon in the top left corner. Hit the back arrow in explorer toolbar. That seems to bring you to the site. 3M maintains this website and has been informed of the issue and has expressed to HHSC they are working on this.
15	Does the data take into account DRGS or diagnosis that are expected to be readmissions at some point? I/E sickle cell, there is no control over if or when a crisis occurs. Despite our best efforts to control.	Yes.
16	A second question is that are these following the readmission rates of within 30 days? or lifetime.	The window for readmission is within 15 days post discharge
17	If we found had a corrected claim for POA does that data get recalculated?	Because POA penalties will not be enforced for data periods prior to FY15, this should not impact you.
18	<ul style="list-style-type: none"> <li>I think I am confused - have reports already been posted for hospitals? Is so where can I find it?</li> <li>If we did not receive our report, how do I obtain?</li> </ul>	<p>All reports for hospitals have been available for pick since July 31, 2014 via the TMHP secure provider portal. Go to tmhp.com, click on provider and click on Log in to My Account. You would then enter in your credentials. The authorized personnel at their facility who routinely accesses R&amp;S, check eligibility etc. would be able to download these reports. To create an account, providers must contact: TMHP EDI Helpdesk at 1-888-863-3638, 7:00 a.m. to 7:00 p.m., Central Time. For more information, see hyperlink.</p> <p><a href="https://secure.tmhp.com/AccountActivation/Default.aspx?pn=CreateAdminInformation&amp;npa=https%3a%2f%2fsecure.tmhp.com%2fMyAccount%2fdefault.aspx">https://secure.tmhp.com/AccountActivation/Default.aspx?pn=CreateAdminInformation&amp;npa=https%3a%2f%2fsecure.tmhp.com%2fMyAccount%2fdefault.aspx</a></p>
19	What axis are they looking at POAs for?	Information on POA screening can be found here <a href="#">Technical Notes: PPC (PDF)</a> .
20	Can you clarify to whom within the hospital system do notices regarding adjustments get communicated?	We do not have this information. Please see link for more assistance <a href="https://secure.tmhp.com/AccountActivation/Default.aspx?pn=CreateAdminInformation&amp;npa=https%3a%2f%2fsecure.tmhp.com%2fMyAccount%2fdefault.aspx">https://secure.tmhp.com/AccountActivation/Default.aspx?pn=CreateAdminInformation&amp;npa=https%3a%2f%2fsecure.tmhp.com%2fMyAccount%2fdefault.aspx</a>

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21	Do adjustments for FY2010 and FY 2011 remain in effect until 2016?	No, Rates adjust based on the most recent data analysis. For example: FY15 (sept 1, 2014) rate adjustments are based on FY13 data. FY16 rates adjustments will be based on FY14 data. Please refer to the adjustment timeline presented during the webinar.
22	Since MCOs will be impacted by the performance of hospitals in their networks why would HHSC not require MCOs to pass through the reductions to hospitals? Not doing so seems counter productive especially when MCOs will not have a "choice" when HHSC implements adjustments to the MCOs cap payments.	We anticipate that most, if not all MCOs do pass through these reductions, but are not required to do this. "Passing through" reductions is one of many ways that MCOs may incentivize network hospitals to improve performance on PPRs and PPCs. Other possibilities include MCO initiating alternative payment structures, incentives, recognition programs, root cause analysis and recommendations, and MCO follow-up of consumers after hospital discharge. HHSC encourages MCOs to be creative in implementing effective strategies to reduce PPRs and PPCs for their members.
23	Could you repost the website?	See hyperlink for HHSC PPE webpage. <a href="http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml">http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml</a>
24	Will the reduction percentage be applied against ALL traditional Medicaid admissions, or only the admissions related to the APR-DRG's used to arrive at the reduction % in the first place?	Reductions will be applied to all claims for a fiscal year, until the next adjustment period (based on a new data period). Please refer to the timeline presented during the webinar.
25	When will the reduction rates be released to MCOs?	These were sent to the MCOs in early July
26	What is the name of a contact person? We have failed to get a response despite multiple attempts.	We have staff that monitor the <a href="mailto:MCD_PPR_PPC@hhsc.state.tx.us">MCD_PPR_PPC@hhsc.state.tx.us</a> daily. The response you are speaking of has been sent, however we will follow up with you directly to understand why you are not receiving our emails.
27	Is there a way to get to the actual case data so that we can study specific patients and ascertain our opportunities for improvement?	Please send a request for detailed data to <a href="mailto:MCD_PPR_PPC@hhsc.state.tx.us">MCD_PPR_PPC@hhsc.state.tx.us</a> with contact information, hospital name, NPI and TPI numbers.
28	For the PPC category of "shock", can we interpret that as "septic shock"?	Septic Shock is in fact included in the assignment criteria for PPC 9 shock. 78552 Septic shock specific ICD 9 code
29	Can we provided with the matrix including the global exclusions?	Please see the links to these documents on the HHSC webpage

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		<p><a href="#">Technical Notes: PPR</a> (PDF)</p> <p><a href="#">Technical Notes: PPC</a> (PDF)</p> <p>Methodology Overview: <a href="#">PPR</a> (PDF), <a href="#">PPC</a> (PDF)</p> <p>Also, there is more information on both PPR and PPC algorithms here:</p> <p><a href="http://www.aprdrgassign.com">www.aprdrgassign.com</a></p> <p>Username – TXHosp; Password – aprdrg004</p>
30	Is there human review involved in the decision or is solely determined with the 3M product?	Yes, the process is not exclusively performed within the 3M software.
31	Is this webinar for critical access hospitals?	Yes
32	Will hospital specific PPR/PPC data be released in the Statewide report? Or is the hospital specific data to remain confidential?	Hospital specific data will not be released in the statewide PPR and PPC report. The statewide reports only list statewide data.
33	Are there reimbursement reduction percentages that will change effective Sept 1? Per TMHP latest bulletin reductions would be effective thru Oct 31.	Yes, there are reimbursement reductions effective 9/1/14, based on FY13 data. Your organization should have received a report for PPR and PPC.
34	Could you please send me the actual risk adjustment methodology?	<p>Please see the links to these documents on the HHSC webpage</p> <p><a href="#">Technical Notes: PPR</a> (PDF)</p> <p><a href="#">Technical Notes: PPC</a> (PDF)</p> <p>Methodology Overview: <a href="#">PPR</a> (PDF), <a href="#">PPC</a> (PDF)</p>

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		Also, there is more information on both PPR and PPC algorithms here:  <a href="http://www.aprdrgassign.com">www.aprdrgassign.com</a>  Username – TXHosp; Password – aprdrg004
35	In regard to the reduction requirement (legislation) are the Managed Medicaid plans required to take the PPR reduction?	HHSC does build in PPR (and PPC) reductions into the managed care premiums on an annual basis. We anticipate that most, if not all MCOs do pass through these reductions, but are not required to do this. "Passing through" reductions is one of many ways that MCOs may incentivize network hospitals to improve performance on PPRs and PPCs. Other possibilities include MCOs initiating alternative payment structures, incentives, recognition programs, root cause analysis and recommendations, and MCO follow-up of consumers after hospital discharge. HHSC encourages MCOs to be creative in implementing effective strategies to reduce PPRs and PPCs for their members.
36	Is the POA penalty methodology new to Texas and if not, what's the history of that development?	It is new. The POA quality check is a component of the PPC software. When data was analyzed using this quality check, it appeared that many hospitals had POA data that suggested incomplete or inaccurate coding. That is why HHSC decided to develop the penalty methodology
37	Were the questions on risk adjustment for clinical or for socioeconomic adjustments?	We have had questions related to the potential need for additional risk adjustment for PPR based on socioeconomic status. We've been discussing this with the hospital associations, but thus far have not seen evidence of its need. We are still discussing and analyzing data.
38	I am in the site now -- no - data -- are the data available? Can we do training on utilizing the software?	All reports for hospitals have been available for pick since July 31, 2014 via the TMHP secure provider portal. Go to tmhp.com, click on provider and click on Log in to My Account. You would then enter in your credentials. The authorized personnel at their facility who routinely accesses R&S, check eligibility etc. would be able to download these reports. To create an account, providers must contact: TMHP EDI Helpdesk at 1-888-863-3638, 7:00 a.m. to 7:00 p.m., Central Time. For more information, see hyperlink.

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